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CONFIRMATION NO. 2873

<b>SERIAL NUMBER</b> 10/672,225	<b>FILING OR 371(c) DATE</b> 09/26/2003 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> RCHP-125US1
<b>APPLICANTS</b> Ivan Alferiev, Clementon, NJ; Ilia Fishbein, Philadelphia, PA; Robert J. Levy, Merion Station, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/413,460 09/26/2002 and is a CIP of 10/170,411 06/14/2002 which claims benefit of 60/298,116 06/15/2001 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/17/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 30 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23122				
<b>TITLE</b> Method of determining surface binding capacity				
<b>FILING FEE RECEIVED</b> 530	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	